

Sanitized - Approved For Release : CIA-RDP64-00360R000400030010-4

U. S. _____ Cost Reimbursable
(Department, bureau, or establishment)
Voucher prepared at _____ (Give place and date)
THE UNITED STATES, Dr., Payee's Account No. 523
To _____ (Payee)

PAID BY
SAFC 2393
COPY 1 OF 3

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Cost				2,016.	97
Use continuation sheet(s) if necessary				Total		2,016.	97

PAYMENT:

Complete ☐
Partial ☐
Final ☐

Shipped from _____ to _____ Weight _____ Government B/L No. _____

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)
Differences _____

(Sign original only)

Date 25X1A 25X1A
Per _____ Title _____
Amount verified; correct for 2016 97
(Signature or initials) _____

Contract No. A101 Date _____ Req. No. _____ Date _____ Invoice Rec'd. _____

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

Approved for \$ 2,016.97 25X1A

By _____ Title _____
SIGN ORIGINAL ONLY
Date 11/4/55

Title Approving Officer

25X1A

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)


Paid by { Check No. 10,719,919 dated NOV 7, 1955 for \$ 100,346.69 { on Treasurer of the United States in favor of payee named above.
Cash, \$ _____, on _____, 19____ Payee _____
(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporation must be written as well as the name of the person signing. For example, "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.
Per _____ Title _____
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16-22900-5

Sanitized - Approved For Release : CIA-RDP64-00360R000400030010-4
Services Other Than Personal

CONTINUATION SHEET

U. S. _____ Cost Reimbursable _____ Sheet No. 1 of Bureau Voucher No. 99
(Department, bureau, or establishment)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
25X1A		<u>PAYROLL</u> <u>SYSTEM IV</u> Direct Labor Costs properly chargeable to Contract A101 for the period 10/10/55 thru 10/16/55 Week Ending 10/16/55 				790.	97
						1,226.	00
						2,016.	97
		Total Labor and Overhead					